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Revised PTO/SB/50 (08-00)

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Attorney Docket No. 31653-186625

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	2240-171278
	First Named Inventor	Ru Chih HUANG
	Original Patent Number	6,291,524
	Original Patent Issue Date (Month/Day/Year)	September 18, 2001
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: (check applicable box)	<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)</p> <p>6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))</p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (PTO/SB/96) Attorney</p>	<p>7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbonded Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Other:</p>

14. CORRESPONDENCE ADDRESS

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Address	P.O. Box 34385				
City	Washington	State	D.C.	Zip Code	20043-9998
Country	U.S.A.	Telephone	(202) 962-4800	Fax	(202) 962-8300

NAME (Print/Type)	Ann S. Hobbs	Registration No. (Attorney/Agent)	36,830
Signature		Date	Sept. 17, 2003

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PC Docs No. 483836v1

17354 U.S. PTO
10/664050
09/17/03

16805 U.S. PTO
09/17/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 2240-171278		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 3	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 39	**** 36 =	X\$9=	324	or	X\$ _____ =	
(C) 1		(D) 7	* 6 =	X\$42=	252		X\$ _____ =	
Basic Fee (37 CFR 1.16(h))					\$375			
Total Filing Fee					\$951	OR \$		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	...	MINUS	..	* =	X\$ _____ =	or	X\$ _____ =	
Independent Claims (37 CFR 1.16(i))	...	MINUS	*****	= =	X\$ _____ =		X\$ _____ =	
Total Additional Fee					\$	OR \$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>22-0261</u> in the amount of <u>951</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p>								
September 17, 2003								
Date		Signature of Applicant, Attorney or Agent of Record						
		Ann S. Hobbs, Ph.d.						
		Typed or printed name						